PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/501,962			ing Date 04/2004	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
×	BASIC FEE (37 CFR 1.16(a), (b),	_	N/A		N/A		N/A	395	ı	N/A	TLL (0)
	SEARCH FEE		N/A		N/A	ı	N/A		1	N/A	
-	(37 CFR 1.16(k), (i), (ii)	ΞE	N/A	-	N/A		N/A		ı	N/A	
	(37 CFR 1.16(o), (p), ( FAL CLAIMS	or (q))	minus 20 =				x \$ =		OR	x s =	
IND	CFR 1.16(i)) EPENDENT CLAIM	s	minus 3 = *			ı	x s =		Oit	x s =	
	CFR 1.16(h))  APPLICATION SIZE (37 CFR 1.16(s))	FEE sheer is \$2: additi	If the specification and drawing sheets of paper, the applicatio is \$250 (\$125 for small entity) additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37 (		n size fee due for each n thereof. See						
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))										
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL	395	ı	TOTAL	
(Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMA									ER THAN ALL ENTITY		
AMENDMENT	07/28/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18())	• 11	Minus	<del></del> 28	= 0		X \$25 =	0	OR	x s =	
z	Independent (37 CFR 1,16(h))	• 2	Minus	<b></b> 3	= 0		X \$105 =	0	OR	x s =	
ΜĒ	Application Size Fee (37 CFR 1.16(s))										
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
L		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
Z.	Total (37 CFR 1,16(i))		Minus	**	=		x \$ =		OR	x s =	
AMENDMENT	Independent (37 CFR 1.16(h))	•	Minus	***			x \$ =		OR	x s =	
핇	Application Size Fee (37 CFR 1.16(s))										
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
Г									OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.											

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